PAGE U17 Ub HEALTH CARE FACILITY 8655945739 12/07/2010 13:30 PRINTED: 12/02/2010 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING B, WING 12/02/2010 445314 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 501 WEST ECONOMY ROAD LIFE CARE CENTER OF MORRISTOWN MORRISTOWN, TN 37814 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES PREFIX (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) TAG F 356 483.30(e) POSTED NURSE STAFFING F 356 INFORMATION What corrective action(s) will be SS=D 12-10-10 accomplished for those residents The facility must post the following information on found to have been affected by the a dally basis: deficient practice? o Facility name. o The current date. o The total number and the actual hours worked Immediate response to address ppd by the following categories of licensed and Board for the facility and review of unlicensed nursing staff directly responsible for resident care per shift: who is responsible for completing Registered nurses, the staffing ratio board. (12-01-10). Licensed practical nurses or licensed Scheduler will leave ppd information vocational nurses (as defined under State law). for the 3rd shift charge nurse from Certified nurse aides. o Resident census. East Wing to record data on scheduling board daily The facility must post the nurse staffing data specified above on a daily basis at the beginning 12-10-10 How you will identify other of each shift. Data must be posted as follows: o Clear and readable format. residents having the potential to o In a prominent place readily accessible to be affected by the same deficient residents and visitors. practice and what corrective The facility must, upon oral or written request, action will be taken? make nurse staffing data available to the public for review at a cost not to exceed the community All residents have the potential standard. to be affected by this practice The facility must maintain the posted daily nurse and the failure to carry out the staffing data for a minimum of 18 months, or as

required by State law, whichever is greater.

This REQUIREMENT is not met as evidenced

Based on observation and interview, the facility failed to post staffing data on a daily basis.

The findings included:

process correctly. To prevent further issue the scheduler will leave a ppd packet at the East Wing Nurses Station for all 3rd shift personnel to update the ppd board for the upcoming calendar days data

(X6) DATE

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Sates Hense

Any deficiency statement ending with an autorisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

HEALTH CARE FACILITY

PAGE 05/06 PRINTED: 12/02/2010 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION a, building B. WING 12/02/2010 445314 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 501 WEST ECONOMY ROAD LIFE CARE CENTER OF MORRISTOWN MORRISTOWN, TN 37814 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LGC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 356 F 356 Continued From page 1 What measures will be put into 12-10-10 place or what systematic changes Observation on December 1, 2010, at 8:30 a.m., 11:30 a.m., and 12:35 p.m., revealed the facility you will make to ensure that the had not posted the daily staffing data for deficient practice does not recur? December 1, 2010, including the resident census and the number of Registered Nurses, Licensed Practical Nurses and Certified Nursing Assistants Night shift charge nurse will be on duty. responsible for recording data on ppd board, day shift scheduler Interview on December 1, 2010, at 12:35 p.m., will double check and audit the with the Administrator, in the lobby, confirmed the staffing information for December 1, 2010, had presence of data, weekend not been posted. receptionist will audit and record C/O #26866 on audit tool. How the corrective action(s) will : 12-10-10 be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? Scheduler will check the ppd board Monday through Friday to assure data is present on the ppd information board. Weekend audits will be conducted by day shift receptionist. A log of audits will be kept. A performance improvement plan will be initiated on 12-2-10 to address compliance with ppd completion on the scheduling board. This plan will be

reviewed at PI meeting attended by: Medical Director, ED, DON, ADON, Unit Managers and Interdisciplinary

Department Heads.